



ANNUAL REPORT REGARDING FOSTER FAMILY HOME

State Form 53213 (4-07) / CW 3518
DEPARTMENT OF CHILD SERVICES

County or agency	FH number	
Name of Applicant A	Date of birth (month, day, year)	Race
Address (number and street, city, state, and ZIP code)		
Name of Applicant B	Date of birth (month, day, year)	Race
Address (number and street, city, state, and ZIP code)		
Home telephone number ()	Other telephone number ()	
Beginning of licensing period (month, day, year)	End of licensing period (month, day, year)	

CHILDREN			
NAME	RACE	RELATIONSHIP	DATE OF BIRTH (month, day, year)

CURRENT FOSTER CHILDREN	
NAME	NAME

FORMER FOSTER CHILDREN (*since last license*)

NAME	NAME

1. Changes: Indicate any changes in foster family situation since the last license.

Employment <input type="checkbox"/> Yes <input type="checkbox"/> No	Explanation
Health <input type="checkbox"/> Yes <input type="checkbox"/> No	Explanation
Financial Status <input type="checkbox"/> Yes <input type="checkbox"/> No	Explanation
Living arrangements <input type="checkbox"/> Yes <input type="checkbox"/> No	Explanation
Family composition <input type="checkbox"/> Yes <input type="checkbox"/> No	Explanation

2. Has the foster parent(s) demonstrated an understanding of the foster parent role in relationship to the agency?

3. Has the foster parent(s) demonstrated an understanding of the foster parent role in relationship to the child?

4. Has the foster parent(s) demonstrated an understanding of the foster parent role in relationship to the birth parents?

5. Has the foster parent(s) demonstrated an understanding of the use of appropriate discipline?

6. Type of child requested by foster family:

7. Summarize the strengths of the foster family:

8. Summarize areas in which the foster family might require support services:

9. Foster parent comments:

10. Recommendations:

REPORT PREPARED BY	
Signature of licensing worker	Date (month, day, year)
Signature of supervisor	Date (month, day, year)